

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Paboojian et al.	Group Art Unit: 3734
Application No: 09/731,318 Confirmation No: 1028	Examiner: Mendoza, Michael G
Filed: December 6, 2000	Attorney Docket No: 53246-US-CNT[2] (NV.50.01)
Title: RECEPTACLES TO FACILITATE THE EXTRACTION OF POWDERS	June 14, 2012 San Francisco, CA 94107

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450	Extension of Time <input type="checkbox"/> Applicant requests an extension of time under 37 C.F.R. 1.136		
Via EFS	Extension (Months)	Extension Fee	
<input checked="" type="checkbox"/> Response Final Office Action <input type="checkbox"/> Response to Restriction/Election Requirement <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings (Formal) <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> One Month	\$150.00	\$75.00
	<input type="checkbox"/> Two Months	\$560.00	\$280.00
	<input type="checkbox"/> Three Months	\$1,270.00	\$635.00
	Total \$ 0.00		
	<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	18	34	0	\$60.00	\$30.00	\$0.00
Independent Claims	3	3	0	\$250.00	\$125.00	\$0.00
Multiple Dependent Claims			0	\$450.00	\$225.00	\$0.00
Information Disclosure Statement						
Total						\$0.00

Fee Payment		Fee Deficiency	
Extension of Time	\$0.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> .	
Fee for Extra Claim(s)	\$0.00	and/or	
Total	\$0.00	<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
<input type="checkbox"/> Attached is check no. _____ in the sum of <u>\$0.00</u> . <input type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of <u>\$ 0.00</u> . CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to (571) 273-8300, or electronically submitted via EFS on the date shown below:		Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please continue to send correspondence to: NOVARTIS Corporate Intellectual Property One Health Plaza 101/2 East Hanover, NJ 07936-1080	
By: <u>/Amy M. Wells/</u> Date: <u>June 14, 2012</u> Amy Wells		By: <u>/Guy V. Tucker/</u> Date: <u>June 14, 2012</u> Guy V. Tucker Registration No. 45,302	